

\$1636

TRANSMITTAL FORM 	Application Serial Number	09/691,345
	Filing Date	October 18, 2000
	First Named Inventor	Spievack
	Group Art Unit	1636
	Examiner Name	Ketter, J.
	Attorney Docket No.	SPV-001
	Patent No.	Not applicable
Issue Date	Not applicable	

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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Status Inquiry
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
	<input type="checkbox"/> CD(s) for large table or computer program	
	<input type="checkbox"/> Amendment After Allowance	
	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	

**COPY OF PAPERS
ORIGINALLY FILED**

CORRESPONDENCE ADDRESS

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High Street Tower
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Respectfully submitted,

Ronda P. Moore, D.V.M.
Attorney for Applicant
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, MA 02110

Date: June 17, 2002
Reg. No. 44,244
Tel. No.: (617) 248-7044
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FEE TRANSMITTAL **FY 2002**

Complete if Known

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METHOD OF PAYMENT

- ☒ Payment Enclosed:
☒ Check ☐ Money Order ☐ Other
- ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.
☐ Required Fees (copy of this sheet enclosed).
☒ Additional fee required under 37 CFR 1.16 and 1.17.
☒ Overpayment Credit.
- ☐ Applicant claims small entity status.

FEE CALCULATION

1. FILING FEE

Large Entity Fee (\$)	Fee Description	Fee Paid
740	Utility filing fee	
330	Design filing fee	
160	Provisional filing fee	

Number Filed	Number Extra	Rate	Amount
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Total Claims - 20 = x \$ 18.00 =

Independent Claims - 3 = x \$ 84.00 =

☐ Multiple Dependent Claim(s), if any \$280.00 =

TOTAL:

SMALL ENTITY DISCOUNT:

SUBTOTAL (1) (\$) 00.00

2. AMENDMENT CLAIM FEES

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Total	-	= 9	x \$18.00 =	
Indep.	-	= 0	x \$ 84.00 =	
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$280.00	

TOTAL: (\$)

SMALL ENTITY DISCOUNT: (\$)

SUBTOTAL (2) (\$) 00.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	Request for ex parte reexamination	
110	55	Extension for reply within first month	
400	200	Extension for reply within second month	
920	460	Extension for reply within third month	
1440	720	Extension for reply within fourth month	
1960	980	Extension for reply within fifth month	
320	160	Notice of Appeal	
320	160	Filing a brief in support of an appeal	
280	140	Request for oral hearing	
130	130	Petitions to the Commissioner	
180	180	Submission of Information Disclosure Statement	180.00
740	370	Filing a submission after final rejection (37 CFR 1.129(a))	
740	370	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	

Other fee (Specify)

Other fee (Specify)

SUBTOTAL (3) (\$) 180.00

SUBTOTAL (1) 00.00

SUBTOTAL (2) 00.00

SUBTOTAL (3) 180.00

TOTAL (\$) 180.00

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Respectfully submitted,
Ronda P. Moore, D.V.M.
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PATENT
Attorney Docket No. SPV-001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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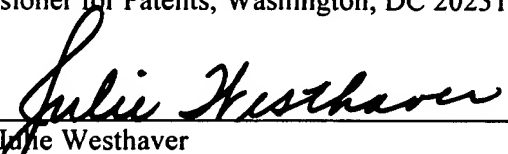
JUL 05 2002

APPLICANT(S): Spievack
SERIAL NO.: 09/691,345 GROUP NO.: 1636
FILING DATE: October 18, 2000 EXAMINER: Ketter, J.
TITLE: TISSUE REGENERATIVE COMPOSITION, METHOD OF MAKING,
AND METHOD OF USE THEREOF

TECH CENTER 1600/2901

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Commissioner for Patents, Washington, DC 20231 on this 17th day of June, 2002.


Julie Westhaver

Commissioner for Patents
Washington, D.C. 20231

Sir:

Submitted herewith is/are:

Transmittal Form (1 pg.); Fee Transmittal (1 pg.); Supplemental
Information Disclosure Statement (2 pgs.); Form PTO-1449 (1 pg.);
Reference AAB; Check in the Amount of \$180.00; and postcard.